

NOT AN OFFICIAL DOCUMENT



INFORMATION REQUEST

State Form 55241 (4-13)

FOLLOW INSTRUCTIONS:

A. NAME & PHONE OF CONTACT AT FILER (optional) AMY 219-218-2614	FILING OFFICE ACCT #
B. E-MAIL CONTACT AT FILER (optional)	
C. RETURN TO: (Name and Address) The Paper Chase of Northwest Indiana, Inc. 9505 Genevieve Drive Saint John, IN 46373	GINA PIMENTEL RECORDER 2024-007248 STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED 2:57 PM 2024 Feb 28
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.	

1. DEBTOR'S NAME to be searched/ Provide only one Debtor name (1a or 1b) (Use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name.)

1a. ORGANIZATION'S NAME TOWN & COUNTRY FRESH FOOD	
OR 1b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include the Debtor name identified in item 1:

2a. SEARCH RESPONSE CERTIFIED (Optional)
Select one of the following two options: ALL (Check this box to request a response that is complete, including filings that have lapsed.) UNLAPSED

2b. COPY REQUEST CERTIFIED (Optional)
Select one of the following two options: ALL UNLAPSED

2c. SPECIFIED COPIES ONLY CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES:

thru:

Nothing on file as of 12/31/24

CHECK# 7549

4. DELIVERY INSTRUCTIONS (Request will be completed and mailed to the address shown in item C unless otherwise instructed here.)

4a. Pick Up
4b. Other

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)